PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 080404-000000US

First Inventor

BARDEN, Julian Alexander

Title

ANTIBODIES TO NON-FUNCTIONAL P2X7 RECEPTOR DIAGNOSIS AND TREATMENT OF CANCERS AND OTHER CONDITIONS

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Express Mail Label No. EV 346923353 US

APPLICATION ELEMENTS See MPEP chapter 600 concerning design patent application contents.			ADDRESS	ADDRESS TO Mail Stop Patent Application Commissioner for Patents P.O. Box 1450				
1. Fee Transmitta (Submit an origin: 2. Applicant claim See 37 CFR 1. 3. Specification (preferred arrange - Descriptive title - Cross Reference - Statement Rega - Reference to se or a computer p - Background of tf - Bnef Summary o - Bnef Description - Detailed Description - Detailed Description - Detailed Description - Claim(s) - Abstract of the D 4. Drawing(s) (35 of the D 5. Oath or Declaration - Newly execute - Newly execute - Opp from a proform of the point o	Alexandria, VA 22313-1450							
under Box 5b, is considere	Prior application information: Examiner CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied der Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by erence. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.							
		19. CORRESPO	NDENCE ADDRES	S				
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Country	To	elephone		Fax				
Name (Print/Type)	ype) Joe Liebeschuetz Re			Attorney/Agent)	37,505			
Signature `	inature d. hulser Ind			Date July 17, 2003				

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TEE TO A NOBILITA I	Complete if Known				
FEE TRANSMITTAL	Application Number	To Be Assigned			
for FY 2003	Filing Date	July 17, 2003			
Effective 01/01/2003. Patent fees are subject to annual revision.	First Named Inventor	BARDEN, Julian Alexander			
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	To Be Assigned			
	Art Unit	To Be Assigned			
TOTAL AMOUNT OF PAYMENT (S) 1044	Attorney Docket No.	080404-000000US			

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)						
Check Credit Card MoneyOrder Other None			3. ADD	ITIONAL	FEES				
Deposit Account:			Large	Entity	Small	Entity			[
Deposit			Fee	Fee	Fee	Fee	Fee Desc	ription	Fee
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Name			1812	2,520	1812	2,520	For filing a request for		├
The Commissioner is authorized to: (check all that apply)			1804	920*	1804	920*	Requesting publicati Examiner action		
Charge fee(s) indicated	below 🔀 Credit any overpa	yments	1805	1.840*	1805	1,840*	Requesting publicati	on of SiR after	
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1. BASIC FILING FE			1253	930	2253	465	Extension for reply w		
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	ee Fee Description	•	1255	1,970	2255	985	Extension for reply w	vithin fifth month	
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1001 750 2001 3	75 Utility filing fee	375	1402	320	2402	160	Filing a brief in supp	ort of an appeal	
1002 330 2002 1	65 Design filing fee		1403	280	2403	140	Request for oral hea		
	60 .Plant filing fee 75 Reissue filing fee		1451	1,510	1451	1,510	Petition to Institute a proceeding		
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			1503	630	2503	315	Plant issue fee		
	Fees from	For Boid	1460	130	1460	130	Petitions to the Com	missioner ·	
Total Claims 71 -20**	Extra Claims below = 51 \$\$9	Fee Paid \$459	1807 <u>.</u>	50	1807	50	Petitions related to p	rovisional	
Independent 83**	= 5 \$\$42	= \$210	1806	180	1806	180	Submission of Inform	nation Disclosure	
Multiple Dependent	X		8021	40	8021	40	Recording each pate per property (times r properties)		
Large Entity Small Entity Fee Fee Fee Fee			1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))		
Fee Fee Fee Code (\$) Code	(\$) Fee Description 9 Claims in excess	of 20	1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))		
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1203 280 2203	· · · · · · · · · · · · · · · · · · ·	nt claim, if not paid			2801	313	(RCE)		
1204 84 2204	42 ** Reissue indepe over original pa	endent claims	1802	900	1802	900	Request for expedited examination of a design application		
1205 18 2205	9 ** Reissue claims and over origin	in excess of 20	Other fee (specify)						
SUBTOTAL (2) (\$)669 "Or number previously paid, if greater; For Reissues, see above			*Reduc	*Reduced by Basic Filing Fee Paid SUBTOTAL (3)			(\$)		
SUBMITTED BY				-			Com	plete (if applicable)
Name (Print/Type) Joe Liebeschuetz Registration No. (Atto		mey/Age				650-326-2400			
Signature J. huller club							Date	July 17, 2003	

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